01/30/2015	14:01 Direct Auto and Life		(	FAX)	P.004/013
STATE OF S	SOUTH CAROLINA	)		25	5153
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(Caption of C	Case)	ý	PUBLIC	SERVICE CON	IMISSION
Example: Applic	ation for a Class C Charter Certificate from	)	OF	SOUTH CARO	LINA
John D	oe dba Doe's Limo	)	n	ORTATION COV	_
		) )	NUMBER: _	2015 - 66	
		have have	a Docket Number.	The Commission will mmission before, a Doc	with the PSC, you will no assign one to you. If you ket Number was assigned
(Please type or pr					1
Submitted by	: Shaneka S. Polite	Tele	phone:	843-538-18	57/843-217-1307
Address: <u></u>	74 Carolina Circle	Fax	:	843-538-	1694
<u></u>	out for boro, sc 29488	Oth	er:		
		Ema	il: polike	1982 8 gma.	1. com
NOTE: The cove	r sheet and information contained herein neith	ner replaces nor su	pplements the fil	ling and service of pl	eadings or other papers
be filled out com	<ul> <li>This form is required for use by the Public pletely.</li> </ul>	: Service Commiss	sion of South Car	rollna for the purpose	of docketing and must
	NATURE OF A	CTION (Check	k all that apply	")	
Application	- Class A/A Restricted		Reque	est for Name Chang	e on Certificate
Application	- Class C Taxi		Reque	est to Amend Scope	of Authority
Application	- Class C Charter	CHIVE	Reque	est to Amend Tariff	(rate increase, etc.)
Application	- Class C Charter Bus	FEB 172015	-	est to Amend Passe	nger Limit
Application	- Class C Non-Emergency		Reque	est	
Application	- Class C Stretcher Van	PSC SC MAIL/DMS	Exhib	it	
	- Class E Household Goods		Late-I	Filed Exhibit	
	- Class E Hazardous Waste		Letter		
Application			П Рторо	sed Order	
Request for	Extension to Comply with Order		Publis	her's Affidavit	
Request for of Public Co	Order Granting Authority to Obtain a Cert povenience and Necessity to be Rescinded	ificate	Reserv	vation Letter	
Request for	Cancellation of Certificate			to Petition	
Request for	Suspension		Other:		
Request for	Reinstatement				

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date: 1/23/15	
Application is hereby made for a Certificate of Public of S.C. Code Ann., § 58-23-10, et seq. (1976), and am	Convenience and Necessity, in accordance with the provision tendments thereto.	
Name under which business is to be conducted (corporate)	tion, partnership, or sole proprietorship, with or without trade name.)	
Quality Care Express, LLC		
Quality Care Express, LLC 474 Carolina Circle Walker	hasa SC 29488	
Street A	ddress of Applicant	
Mailing Address of Appli	icant (if different from street address)	
843-538-1857 Phone	843-538-1694	
Phone	Fax	
poliks 1982 @ grail.com		
, , , , , , , , , , , , , , , , , , ,	mail Address	
<ol> <li>If the Applicant is an LLC or a corporation, a copy of Secretary of State and the Articles of Incorporation mu Carolina Secretary of State "Foreign Corporation" Ce</li> </ol>	ust be attached. (If incorporated outside of SC, attach South	
3. Select Entity Type: (Check one)		
Individual Owner/Sole Proprietorship		
Partnership - List names and address of all per	son having an interest in the business.	
Corporation - List names and addresses of two	principal officers.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

Balance a	t Time Applica	ation is Filed:
Month		Year 2015

Assets:

Assets:	
Cash	\$ 500,00
Receivables	\$ 220.00
Real Estate	N/A
Buildings and Equipment (Net)	NIA
Motor Vehicles (Net)	9 655.00
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	NIA
Supplies on Hand	NIA
Prepaids and Other Assets	
Total Assets *	N/A #/ 375,06
Liabilities and Equity:	
Accounts Payable	NA
Notes Payable	NA
Mortgages Payable	NIA
Equipment Obligations	NIA
Accrued Salaries and Wages	MIA
Other Accrued Obligations	NIA
Other Liabilities	NIA
Total Liabilities	
Capital Stock	N/A
Retained Earnings	NA
Total Equity	NA
Total Liabilities and Equity *	N/A 1 3 75.00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Char	and At the second	1. 19	47 4 4
PTODOSPO KATPS ADO L DAT	aeciliet oniv mavimin	o charace ner mile ar twi	\
		i charges bet inne et un	), and/of hoursy rates.

Ambolicatory \$1.00 per mile or the following break down

0-3 miles = \$5.00 4-6 miles = \$10.00 7-10 miles = \$14.00 11-15 miles = \$38.00

14-20 miles = \$23.00 21-25 = \$26.00 26-30 miles=27.00 31-35 miles = \$38.00

34-40 miles = \$38.00 41-45 miles=\$43.00 Anything over 45 miles

will charge \$1.00 per mile. Hourly rake \$18.00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

## DESCRIPTION OF EQUIPMENT

(FAX)

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum	Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped
	pased on the number of seatbelts in the vehicle, including the driver's seatbelt.)
1-7	Passengers, including driver
<b>8</b> -1	5 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2005 Crand	1046-P24R×5B323386	3867	NO

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

purchase insurance until your application has be	en approved and an order has been issu	ed by the PSC. THIS IS ONLY A QUOTE.
The following insurance quote is for:		i
Quality Care Expres	55, L.C. Name of Amplicant	:
Unit Carry California	50.000	<u>:</u>
7 19 COLLING OI, WALL	Address of Applicant	
	Address of Applicant	;
Amount of Premium:		
Liability Insurance \$6,03		<u>:</u> :
The above quoted premium is for a term of	f _ a _ months.	
Minimum Limits - Bodily injury and puttern the following:	roperty damage limits will not be les	
		Limits Quoted
Liability Combined Each Occurance  Medical Payments per Person	\$ 1,000,000	\$1,000,000
rescapat I symons for I dister	\$ 1,000	\$5,000
American Serv	Name of Insurance Company	
1	Name of Insurance Company	
150 Northwest Point	Blvd. Elk Grave I	L 60007
I am familiar with the Commission's Rules	and Regulations relating to insurance	e requirements and the above quote
meets the minimum insurance limits preser	ibed. The insurance company making	ig this quote is authorized by the
South Carolina Department of Insurance to	do business in South Carolina	) Nu -
Date	Aurhorized Françoise Colonia	
	Authorized Insurance Company	Representative's Signature
NOTICE:		•
If you wish to self-insure your moor vehicle Ann. Sections 56-9-60 and 58-23-10. For a Vehicles at (803) 896-8457.	es for liability and property damage, more information, contact Vickie Co	you must comply with S.C. Code ker with the Department of Motor
If you wish to apply as a self-insured for we the South Carolina Worker's Compensation bond or letter-of-credit with the WCC for a 3) agree to pay an annual assessment to the	Commission (WCC) provided that y minimum of \$500,000, 2) agree to pe	ou will be able to: 1) post a surety

5 of 9

WCC Self-Insurance Division at (\$03) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

1	Exhibit Fit.	Willing.	and Able (FWA)
- 3			

Qualite	Care	Expres	s. LCC
			-,

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

O Yes

( No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

O Yes

No

3. Is Applicant aware of the Commission's insurance requirements and the jusurance premium costs associated therewith?

Yes.

No

6 of 9

## **Exhibit on Driver Qualifications**

1.	CPR Certificate or its equiva	aleni	ars must possess at least a current American Red Cross Standard First Aid and and records that verify/record such training must be kept on file at the usiness within South Carolina.
	⊗ Yes	0	No
2.	Applicant understands that of	lrive	rs must be in compliance with all OSHA regulations.
	Yes	0	No
3.			ers must be trained in the use of all vehicle installed safety equipment such as extinguishers, and other equipment as outlined in PSC Regulations.
	O Yes	0	No
4.	Applicant understands that of with disabilities, including v		rs must be able to physically perform actions necessary to assist persons lichair users.
	<b>∀Yes</b>	0	No
5.			rs must wear a professional uniform and photo identification badge that a company for whom the driver works.
	⊗ Yes	0	No
6.		erify	rs must complete twelve (12) hours of in-service training annually in the area /record such training must be kept on file at the company's primary place of
	Yes	0	No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Shareh S. Both Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

Charles Control of the Control of th

STATE OF SOUTH CAROLINA

COUNTY OF Colleton

This  $\frac{35}{20}$  day of  $\frac{180485}{2015}$  2015

Notary Public

Commission Expires 43 December 2083

# The State of South Carolina



Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

QUALITY CARE EXPRESS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 5th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of February, 2015.

Mark Hammond, Secretary of State



# **Fax Cover Sheet**

		Page 4
	TO: PJ61:	e Service CommissiFROM:
	<u>Clerk</u>	's Office Shameka Polite
	COMPANY:	DATE;
	Oct. 1:1	Care Express 2/16/15
	FAX NUMBER	TOTAL NO. OF PAGES:
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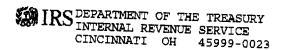
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Fax Sheet by http://www.nooverweddesign.com



# **Fax Cover Sheet**

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Date of this notice: 01-15-2015

Employer Identification Number:

Form: 55-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

QUALITY CARE EXPRESS LLC SHAMEKA S POLITE SOLE MBR 474 CAROLINA CIR WALTERBORO, SC 29488

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN

This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to

Your name control associated with this EIN is QUAL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

01-15-2015 QUAL 0 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007) \_\_\_\_\_\_

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-15-2015

EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 blodddddddddddddddddddddddddddddd

QUALITY CARE EXPRESS LLC SHAMEKA S POLITE SOLE MBR 474 CAROLINA CIR WALTERBORO, SC 29488